

County: Abbeville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ABBEVILLE NURSING HOME INC 83 THOMSON CIR ABBEVILLE, SC 29620-5652 FAC.#:964-366-5122 HUGHES SR, ALAN L PH#: 864-366-5122 Facility Email: ABBNH@WCTEL.NET	Abbeville / Corporation PO BOX 190 ABBEVILLE, SC 29620-0190 ABBEVILLE NURSING HOME INC NCF-0266 / 12/31/2014	94

Licensed Beds: Nursing Home: 94 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ABBEVILLE NURSING HOME INC 83 THOMSON CIR ABBEVILLE, SC 29620-5652 FAC.#:964-366-5122 HUGHES SR, ALAN L PH#: 864-366-5122 Facility Email: ABBNH@WCTEL.NET	Abbeville / Corporation PO BOX 190 ABBEVILLE, SC 29620-0190 ABBEVILLE NURSING HOME INC NCF-0266 / 12/31/2014	94
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Licensed Beds: Nursing Home: 94 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 188

Number of Activities/Facilities licensed in county of <u>Abbeville</u>	# Lics: <u>2</u>
Number Licensed Units :	<u>188</u>

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ANCHOR HEALTH & REHAB OF AIKEN 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 FOWLER, WANDA M PH#: 864-630-2698 Facility Email: KGINN@COVENANTDOVE.COM	Aiken / Limited Liability 550 EASTGATE DR AIKEN, SC 29803-7688 FAITH HEALTH AND REHAB OF AIKEN LLC NCF-0902 / 12/31/2014	60

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

AZALEAWOODS REHAB & NURSING CENTER 123 DUPONT DR NW AIKEN, SC 29801-4089 FAC.#:803-648-0434 ARMSTRONG, TIM E PH#: 803-648-0434 Facility Email: RYAN@COOKE-ASSOCIATES.COM	Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 AZALEAWOODS OPERATING LLC NCF-0938 / 09/30/2014	86
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Licensed Beds: Nursing Home: 86 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 FAC.#:803-278-4272 HILL, HEATH E PH#: 803-278-4272 Facility Email: HEATHH@NHCNORTH AUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC NCF-0799 / 06/30/2015	192
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Licensed Beds: Nursing Home: 192 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PEPPER HILL NURSING & REHAB CENTER 3525 AUGUSTUS RD AIKEN, SC 29801-2701 FAC.#:803-642-8376 JONES, JANICE G PH#: 803-642-8376 Facility Email: SCOTTJONES@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC NCF-0879 / 11/30/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH-AIKEN 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-649-6264 WEBER, JESSICA P PH#: 000-000-0000 Facility Email: Not on File	Aiken / Limited Liability PRUITTHEALTH-AIKEN LLC NCF-0942 / 06/30/2014	176

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRUITTHEALTH-NORTH AUGUSTA 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 GILL, KATHRYN PH#: 803-278-2170 Facility Email: KAGILL@UHS-PRUITT.COM	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 PRUITTHEALTH-NORTH AUGUSTA LLC NCF-0721 / 10/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 6 Number Licensed Units: 778

Number of Activities/Facilities licensed in county of <u>Aiken</u>	# Lics: <u>6</u>
Number Licensed Units :	<u>778</u>

County: Allendale

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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JOHN EDWARD HARTER NURSING CENTER	Allendale / County	44
185 REVOLUTIONARY TRL	PO BOX 218	
FAIRFAX, SC 29827-7105 FAC.#:803-632-3334	FAIRFAX, SC 29827-0218	
HIATT, MELVIN K PH#: 803-632-3334	ALLENDALE COUNTY HOSPITAL BOARD OF TRUSTEES	
Facility Email: ADMINKH@ACHOSPITAL.ORG	NCF-0259 / 04/30/2015	

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 44

Number of Activities/Facilities licensed in county of	<u>Allendale</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>44</u>

County: Anderson

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ELLENBURG NURSING CENTER 611 E HAMPTON ST ANDERSON, SC 29624-2899 FAC.#:864-226-5054 ELLENBURG, LYNDON W PH#: 864-226-5054 Facility Email: FUZZERONE@AOL.COM	Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG NURSING CENTER INC NCF-0231 / 03/31/2015	181

Licensed Beds: Nursing Home: 181 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

EMERITUS AT ANDERSON PLACE HEALTH CARE CENTER 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 SEXTON, JAMI PH#: 864-261-3875 Facility Email: ANDERSONPLACE-ED@EMERITUS.COM	Anderson / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERICARE INC NCF-0872 / 12/31/2014	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

EXALTED HEALTH & REHAB OF IVA 406 W BROAD ST IVA, SC 29655-9765 FAC.#:864-348-7433 TOWERY, AL M PH#: 864-286-6600 Facility Email: CHERITAGE@COVENANTDOVE.COM	Anderson / Limited Liability PO BOX 1119 IVA, SC 29655-1119 NEW EXALTED HEALTH & REHAB OF IVA LLC NCF-0904 / 11/30/2014	60
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Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

FELLOWSHIP HEALTH & REHAB OF ANDERSON 208 JAMES ST ANDERSON, SC 29625-2942 FAC.#:864-226-3427 HERITAGE, CARLA PH#: 864-348-7433 Facility Email: JKING@COVENANTDOVE.COM	Anderson / Limited Liability 208 JAMES ST ANDERSON, SC 29625-2942 NEW FELLOWSHIP HEALTH & REHAB OF ANDERSON LLC NCF-0909 / 11/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Anderson

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSANNA HEALTH & REHAB OF PIEDMONT 109 BENTZ RD PIEDMONT, SC 29673-1412 FAC.#:864-845-5177 EVATT, RUSSELL E PH#: Facility Email: DPARSON@COVENANTDOVE.COM	Anderson / Limited Liability 109 BENTZ RD PIEDMONT, SC 29673-1412 NEW HOSANNA HEALTH & REHAB OF PIEDMONT LLC NCF-0907 / 11/30/2014	88

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE ANDERSON 1501 E GREENVILLE ST ANDERSON, SC 29621-2004 FAC.#:864-226-8356 MOORHOUSE, BRADLEY W PH#: 864-226-8356 Facility Email: SNFCARE@NHCANDERSON.COM	Anderson / Ltd. Liability PO BOX 1327 ANDERSON, SC 29622-1327 NHC HEALTHCARE/ANDERSON LLC NCF-0801 / 06/30/2015	290
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Licensed Beds: Nursing Home: 290 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

RICHARD M CAMPBELL VETERANS NURSING HOME 4605 BELTON HWY ANDERSON, SC 29621-5045 FAC.#:864-261-6734 OSBORNE, THOMAS G PH#: Facility Email: JBLOOMER@HMRVSI.COM	Anderson / State 4605 BELTON HWY ANDERSON, SC 29621-5045 SC DEPARTMENT OF MENTAL HEALTH NCF-0549 / 02/28/2015	220
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Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 7 Number Licensed Units: 971

Number of Activities/Facilities licensed in county of	<u>Anderson</u>	# Lics: <u>7</u>
	Number Licensed Units :	<u>971</u>

County: Bamberg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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PRUITTHEALTH - BAMBERG 439 NORTH ST BAMBERG, SC 29003-1317 FAC.#:803-245-7525 RUTLAND, DEBORAH PH#: 000-000-0000 Facility Email: LEREEVES@UHS-PRUITT.COM	Bamberg / Limited Liability 439 NORTH ST BAMBERG, SC 29003-1317 PRUITTHEALTH - BAMBERG LLC NCF-0322 / 08/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 88

Number of Activities/Facilities licensed in county of <u>Bamberg</u>	# Lics: <u>1</u>
Number Licensed Units : <u>88</u>	

County: Barnwell

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LAUREL BAYE HEALTHCARE OF BLACKVILLE 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 FAC.#:803-284-4313 BOWLES JR, ROBERT F PH#: 803-643-3694 Facility Email: THENSON@LAURELBAYE.COM	Barnwell / Ltd. Liability PO BOX 33 BLACKVILLE, SC 29817-0033 LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC NCF-0755 / 08/31/2014	85

Licensed Beds: Nursing Home: 85 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAUREL BAYE HEALTHCARE OF WILLISTON 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 FAC.#:803-266-3229 GUZMAN, CHARLES N PH#: 803-531-7771 Facility Email: THENSON@LAURELBAYE.COM	Barnwell / Ltd. Liability PO BOX 250 WILLISTON, SC 29853-0250 LAUREL BAYE HEALTHCARE OF WILLISTON LLC NCF-0754 / 08/31/2014	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-BARNWELL 31 WREN ST BARNWELL, SC 29812-1528 FAC.#:803-259-5547 PORTER, NANCY PH#: 803-259-5547 Facility Email: NPORTER@UHS-PRUITT.COM	Barnwell / Limited Liability 31 WREN ST BARNWELL, SC 29812-1528 PRUITTHEALTH-BARNWELL LLC NCF-0893 / 07/31/2014	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 3 Number Licensed Units: 173

Number of Activities/Facilities licensed in county of	<u>Barnwell</u>	# Lics: <u>3</u>
	Number Licensed Units :	<u>173</u>

Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BAYVIEW MANOR 11 TODD DR BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 HAMM, SUE PH#: 803-256-4983 Facility Email: ADMIN@BAYVIEWMANOR.NET	Beaufort / Ltd. Liability 11 TODD DR BEAUFORT, SC 29902-6113 BAYVIEW MANOR LLC NCF-0898 / 05/31/2015	170
Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
BROAD CREEK CARE CENTER SKILLED NURSING 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300 JOHNSON, STEPHANI PH#: 843-341-7300 Facility Email: SJOHNSON@VILIVING.COM	Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC NCF-0753 / 07/31/2014	25
Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
FRASER HEALTH CARE 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747 MILLER, LINDA D PH#: 843-842-3747 Facility Email: LMILLER@THESEABROOK.COM	Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC NCF-0414 / 09/30/2014	33
Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
LIFE CARE CENTER OF HILTON HEAD 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006 BLEDSOE, COURTNEY E PH#: 843-681-6006 Facility Email: COURTNEY_BLEDSOE@LCCA.COM	Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC NCF-0725 / 05/31/2015	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 TAYLOR, WADE J PH#: 843-705-8220 Facility Email: ADMINISTRATOR#@NHCBLUFFTON.COM	Beaufort / Limited Liability 3039 OKATIE HWY BLUFFTON, SC 29909-5101 NHC HEALTHCARE/BLUFFTON LLC NCF-0958 / 01/31/2015	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-7077 REP KING, JULIE E PH#: 843-689-7007 Facility Email: JREP KING@THECYPRESS.COM	Beaufort / Limited Liability Limited Partnership 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP NCF-0576 / 04/30/2015	77
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Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 6 Number Licensed Units: 513

Number of Activities/Facilities licensed in county of <u>Beaufort</u>	# Lics: <u>6</u>
Number Licensed Units :	<u>513</u>

County: Berkeley

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HEARTLAND HEALTH CARE CENTER-CHARLESTON 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FAC.#:843-553-0656 COURY, WILLIAM V PH#: 803-796-8024 Facility Email: 4015-ADMIN@HCR-MANORCARE.COM	Berkeley / Limited Liability 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 HEARTLAND-CHARLESTON OF HANAHAN SC LLC NCF-0526 / 12/31/2014	135

Licensed Beds: Nursing Home: 135 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKE MOULTRIE NURSING HOME 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307 DRIGGERS, JOANN C PH#: 843-567-2307 Facility Email: JDRIGGERS@CLARENDONHEALTH.COM	Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT NCF-0738 / 12/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-MONCKS CORNER 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368 DAVIS, NITA J PH#: 000-000-0000 Facility Email: LBUKXHART@UHS-PRUITT.COM	Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 PRUITTHEALTH-MONCKS CORNER LLC NCF-0943 / 10/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 3 Number Licensed Units: 355

Number of Activities/Facilities licensed in county of <u>Berkeley</u>	# Lics: <u>3</u>
Number Licensed Units :	<u>355</u>

County: Calhoun

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CALHOUN CONVALESCENT CENTER 601 DANTZLER ST SAINT MATTHEWS, SC 29135-1522 FAC.#:803-655-7101 KIZER, MELISSA R PH#: 803-655-7101 Facility Email: TRACYB@HEALTHCARECORP.NET	Calhoun / Corporation PO BOX 157 SAINT MATTHEWS, SC 29135-0157 CALHOUN CONVALESCENT CENTER INC NCF-0505 / 01/31/2015	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 120

Number of Activities/Facilities licensed in county of <u>Calhoun</u>	# Lics: <u>1</u>
Number Licensed Units : <u>120</u>	

Division of Health Licensing

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER 3 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FAC.#:843-762-3300 TRAWICK, C WILLIAM PH#: 843-762-3300 Facility Email: BILL.TRAWICK@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY NCF-0577 / 04/30/2015	50
Licensed Beds: Nursing Home: 41 Institutional Nursing Home: 9 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL, SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0800 / 07/31/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
HARVEST HEALTH & REHAB OF JOHNS ISLAND 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 BYRD-BYRUM, DENA L PH#: 864-269-3725 Facility Email: DBYRUM@COVENANTDOVE.COM	Charleston / Limited Liability 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 NEW HARVEST HEALTH AND REHAB OF JOHNS ISLAND LLC NCF-0911 / 11/30/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 LESTER, TRISTAN PH#: Facility Email: 531-ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2014	125
Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 FAC. #: 843-764-3500 CLIETT, BETH A PH#: 843-764-3500 Facility Email: Not on File	Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC NCF-0878 / 11/30/2014	148

Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

MOUNT PLEASANT MANOR 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 FAC. #: 843-884-8903 WHITE, BRUCE L PH#: 843-884-8903 Facility Email: BWHITE@MOUNTPLEASANTMANOR.COM	Charleston / Ltd. Liability 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 MOUNT PLEASANT MANOR LLC NCF-0896 / 05/31/2015	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FAC. #: 843-766-5228 ATKINSON, ANGELA PH#: 843-766-5228 Facility Email: ANGATK@GMAIL.COM	Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC NCF-0871 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

RIVERSIDE HEALTH AND REHAB 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FAC. #: 843-744-2750 COURY, WILLIAM V PH#: 803-796-8024 Facility Email: JIM.THOMAS@FUNDLTC.COM	Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC NCF-0870 / 08/31/2014	160
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Licensed Beds: Nursing Home: 160 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SANDPIPER REHAB & NURSING 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210 FOREMAN, SUSAN PH#: 843-881-3210 Facility Email: REFER@SANDPIPERCENTER.COM	Charleston / Limited Liability 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER REHAB & NURSING-DELAWARE LLC NCF-0876 / 10/31/2014	176

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SAVANNAH GRACE AT THE PALMS OF MT PLEASANT 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030 CARR, JOSEPH J PH#: 864-868-2307 Facility Email: Not on File	Charleston / 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 SNH SE SG TENANT LLC NCF-0926 / 06/30/2014	42
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Licensed Beds: Nursing Home: 42 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VIBRA HOSPITAL OF CHARLESTON-TCU 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4200 CASE, KARLENE PH#: 843-375-4200 Facility Email: TINA.MCDONALD@KINDRED.COM	Charleston / Limited Liability 4550 LENA DR STE 225 MECHANICSBURG, PA 17055-4920 VIBRA HOSPITALOF CHARLESTON LLC NCF-0960 / 08/31/2014	35
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Licensed Beds: Nursing Home: 35 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR CHARLESTON 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 FAC.#:843-797-8282 WALKER, RUTH P PH#: 843-797-8282 Facility Email: Not on File	Charleston / Corporation 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 WHITE OAK MANOR CHARLESTON INC NCF-0892 / 12/31/2014	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 12 Number Licensed Units: 1,308

County: Charleston

Number of Activities/Facilities licensed in county of	<u>Charleston</u>	# Lics: <u>12</u>
	Number Licensed Units :	<u>1,308</u>

County: Cherokee

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BROOKVIEW HEALTHCARE CENTER 510 THOMPSON ST GAFFNEY, SC 29340-3620 FAC.#:864-489-3101 SIMMONS, TEDDIE D PH#: 803-545-4292 Facility Email: ADMIN.BRGA.SC@PALMETTOLTC.COM	Cherokee / Ltd. Liability 510 THOMPSON ST GAFFNEY, SC 29340-3620 PALMETTO BROOKVIEW OPERATING LLC NCF-0931 / 09/30/2014	132

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

CHEROKEE COUNTY LONG TERM CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 MATTHEWS, CINDY PH#: 864-487-2717 Facility Email: CINDYMATTHEWSPTC@BELLSOUTH.NET	Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 CHEROKEE COUNTY NCF-0323 / 11/30/2014	111
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Licensed Beds: Nursing Home: 111 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 243

Number of Activities/Facilities licensed in county of <u>Cherokee</u>	# Lics: <u>2</u>
Number Licensed Units : <u>243</u>	

County: Chester

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHESTER NURSING CENTER 1 MEDICAL PARK DR CHESTER, SC 29706-9776 FAC.#:803-581-3151 FARIS, MATTHEW A PH#: 000-000-0000 Facility Email: MARTHA.BURSINGER@HMA.COM	Chester / Limited Liability 1 MEDICAL PARK DR CHESTER, SC 29706-9776 CHESTER HMA LLC NCF-0895 / 09/30/2014	100

Licensed Beds: Nursing Home: 100 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 100

Number of Activities/Facilities licensed in county of <u>Chester</u>	# Lics: <u>1</u>
Number Licensed Units : <u>100</u>	

County: Chesterfield

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHERAW HEALTHCARE 400 MOFFAT RD CHERAW, SC 29520-3048 FAC.#:843-537-5253 DYSON, JOEL W PH#: 843-537-5253 Facility Email: INFO@CHERAWHC.COM	Chesterfield / Corporation PO BOX 967 CHERAW, SC 29520-0967 CHERAW HEALTHCARE INC NCF-0951 / 04/30/2015	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

CHESTERFIELD CONVALESCENT CENTER 1150 STATE RD CHERAW, SC 29520-2048 FAC.#:843-537-2060 VILLAFRANCA, GRACE PH#: Facility Email: VILLAG5@YAHOO.COM	Chesterfield / Corporation PO BOX 1329 CHERAW, SC 29520-1329 CHESTERFIELD CONVALESCENT CENTER INC NCF-0552 / 03/31/2015	104
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Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 224

Number of Activities/Facilities licensed in county of <u>Chesterfield</u>	# Lics: <u>2</u>
Number Licensed Units : <u>224</u>	

County: Clarendon

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LAKE MARION NURSING FACILITY 1527 URBANA RD SUMMERTON, SC 29148-8929 FAC.#:803-485-2317 MILES, ANETTE C PH#: 803-478-2323 Facility Email: AMILES@CLARENDONHEALTH.COM	Clarendon / District PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT NCF-0736 / 01/31/2015	88

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WINDSOR MANOR 5583 SUMMERTON HWY MANNING, SC 29102-5217 FAC.#:803-478-2323 GILLEY, JOHNNIE P PH#: 000-000-0000 Facility Email: JGILLEY@CLARENDONHEALTH.COM	Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT NCF-0737 / 01/31/2015	64
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Licensed Beds: Nursing Home: 64 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 152

Number of Activities/Facilities licensed in county of <u>Clarendon</u>	# Lics: <u>2</u>
Number Licensed Units : <u>152</u>	

County: Colleton

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH - WALTERBORO 401 WITSELL ST WALTERBORO, SC 29488-3052 FAC.#:843-549-5546 STEPHENSON, REBECCA S PH#: 843-549-5546 Facility Email: RESTEPHENSON@UHS-PRUITT.COM	Colleton / Ltd. Liability 401 WITSELL ST WALTERBORO, SC 29488-3052 PRUITTHEALTH - WALTERBORO LLC NCF-0949 / 10/31/2014	132

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VETERANS VICTORY HOUSE 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 FAC.#:843-538-3000 FERGUSON, SANDRA L PH#: 864-224-3898 Facility Email: AFIELDS@HMRVSI.COM	Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH NCF-0921 / 10/31/2014	220
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Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 352

Number of Activities/Facilities licensed in county of	<u>Colleton</u>	# Lics: <u>2</u>
	Number Licensed Units :	<u>352</u>

County: Darlington

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BETHEA BAPTIST HEALTH CARE CENTER 157 HOME AVE DARLINGTON, SC 29532-7625 FAC.#:843-393-2867 HARRELSON, ANITA S PH#: 848-303-2867 Facility Email: BSPURLING@SCBMA.COM	Darlington / Non-Profit Corporation 157 HOME AVE DARLINGTON, SC 29532-7625 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC NCF-0189 / 06/30/2015	88

Licensed Beds: Nursing Home: 36 Institutional Nursing Home: 52

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MEDFORD NURSING CENTER 105 MEDFORD DR DARLINGTON, SC 29532-2719 FAC.#:843-398-7000 MARSH, NOELLE PH#: 843-398-7000 Facility Email: NMARSH@WILSONSENIORCARE.COM	Darlington / Ltd. Liability 105 MEDFORD DR DARLINGTON, SC 29532-2719 MEDFORD NURSING CENTER LLC NCF-0891 / 08/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MORRELL NURSING CENTER 900 N MARQUIS HWY HARTSVILLE, SC 29550-3526 FAC.#:843-383-5164 PRUITT, KELLY PARRISH PH#: Facility Email: KPRUITT@WILSONSENIORCARE.COM	Darlington / Limited Liability 900 N MARQUIS HWY HARTSVILLE, SC 29550-3526 MORRELL NURSING CENTER LLC NCF-0881 / 08/31/2014	154
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Licensed Beds: Nursing Home: 154 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

OAKHAVEN NURSING CENTER 123 OAK ST DARLINGTON, SC 29532-2628 FAC.#:843-398-7041 OATES, MARGARET B PH#: 843-398-7041 Facility Email: BOATES@WILSONSENIORCARE.COM	Darlington / Limited Liability 123 OAK ST DARLINGTON, SC 29532-2628 OAKHAVEN NURSING CENTER LLC NCF-0890 / 08/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 4 Number Licensed Units: 418

County: Darlington

Number of Activities/Facilities licensed in county of	<u>Darlington</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>418</u>

County: Dillon

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH - DILLON 413 LAKESIDE CT DILLON, SC 29536-1999 FAC.#:843-774-2741 CAMPBELL, CELESTE PH#: Facility Email: CCAMPBELL@UHS-PRUITT.COM	Dillon / Ltd. Liability 413 LAKESIDE CT DILLON, SC 29536-1999 PRUITTHEALTH - DILLON LLC NCF-0835 / 11/30/2014	84

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SUNNY ACRES NURSING HOME 1727 BUCK SWAMP RD FORK, SC 29543-6116 FAC.#:843-464-6212 COOKE, TONY R PH#: 843-464-6212 Facility Email: TONYRAY@COOKE-ASSOCIATES.COM	Dillon / Corporation PO BOX 67 FORK, SC 29543-0067 COOKE ASSOCIATES OF FORK INC NCF-0936 / 12/31/2014	111
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Licensed Beds: Nursing Home: 111 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 195

Number of Activities/Facilities licensed in county of <u>Dillon</u>	# Lics: <u>2</u>
Number Licensed Units :	<u>195</u>

County: Dorchester

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HALLMARK HEALTHCARE CENTER 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-821-5005 STINSON, DURENA PH#: 843-821-5005 Facility Email: ADMIN.HASU.SC@PALMETTOLTC.COM	Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC NCF-0932 / 09/30/2014	88

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

OAKBROOK HEALTH & REHABILITATION CENTER 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FAC.#:843-875-9053 BEE, BRYAN PH#: Facility Email: ADMIN.OA.SC@PALMETTOLTC.COM	Dorchester / Ltd. Liability 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 PALMETTO OAKBROOK OPERATING LLC NCF-0923 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA - SUMMERVILLE 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 MILLER, ROBIN C PH#: 843-873-2550 Facility Email: RMILLER@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN HOME OF SOUTH CAROLINA NCF-0202 / 04/30/2015	87
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Licensed Beds: Nursing Home: 87 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ST GEORGE HEALTHCARE CENTER 905 DUKES ST SAINT GEORGE, SC 29477-2059 FAC.#:843-563-4602 FLANSBURG, CHRISTINE L PH#: 000-000-0000 Facility Email: ADMIN.STGE.SC@PALMETTOLTC.COM	Dorchester / Ltd. Liability 905 DUKES ST SAINT GEORGE, SC 29477-2059 PALMETTO ST GEORGE OPERATING LLC NCF-0924 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 4 Number Licensed Units: 351

County: Dorchester

Number of Activities/Facilities licensed in county of	<u>Dorchester</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>351</u>

County: Edgefield

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
TRINITY MISSION HEALTH & REHAB OF EDGEFIELD 226 WA REEL DR EDGEFIELD, SC 29824-4534 FAC.#:803-637-5312 GURNEY, AARON PH#: 803-926-4702 Facility Email: DFALLAW@COVENANTDOVE.COM	Edgefield / Ltd. Liability PO BOX 668 EDGEFIELD, SC 29824-0668 NEW TRINITY MISSION HEALTH & REHAB OF EDGEFIELD LLC NCF-0941 / 11/30/2014	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 120

Number of Activities/Facilities licensed in county of	<u>Edgefield</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>120</u>

County: **Fairfield**Facility Type: **Nursing Home**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FAIRFIELD HEALTHCARE CENTER 117 BELLFIELD RD RIDGEWAY, SC 29130-8261 FAC.#:803-337-2257 LOCKLAIR, JERRY L PH#: 803-337-2257 Facility Email: NNADKARNI@LAURELBAYE.COM	Fairfield / Ltd. Liability PO BOX 70 RIDGEWAY, SC 29130-0070 FAIRFIELD HEALTHCARE CENTER LLC NCF-0776 / 06/30/2015	112

Licensed Beds: Nursing Home: 112 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-RIDGEWAY 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 FAC.#:803-337-3211 BLACK, KATHERINE DENISE PH#: Facility Email: HBROWN@UHS-PRUITT.COM	Fairfield / Limited Liability 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 PRUITTHEALTH-RIDGEWAY LLC NCF-0710 / 10/31/2014	150
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Licensed Beds: Nursing Home: 150 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 262

Number of Activities/Facilities licensed in county of <u>Fairfield</u>	# Lics: <u>2</u>
Number Licensed Units : <u>262</u>	

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CAROLINAS HOSPITAL SYSTEM TRANSITIONAL CARE UNIT 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-674-2500 GILLEY, JOHNNIE P PH#: 000-000-0000 Facility Email: DCRIVEN@CAROLINASHOSPITAL.COM	Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC NCF-0673 / 10/31/2014	24

Licensed Beds: Nursing Home: 24 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

COMMANDER NURSING CENTER 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 FAC.#:843-669-3502 COMMANDER III, JOE M PH#: 843-669-3502 Facility Email: Not on File	Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 COMMANDER HEALTH CARE FACILITIES INC NCF-0233 / 07/31/2014	163
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Licensed Beds: Nursing Home: 163 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER 56 GENESIS DR LAKE CITY, SC 29560-5531 FAC.#:843-389-3685 FRIERSON, SARAH L PH#: 843-389-3685 Facility Email: MCNAIRNSGCTR@FTC-I.NET	Florence / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC NCF-0918 / 11/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

FAITH HEALTHCARE CENTER 617 W MARION ST FLORENCE, SC 29501-2470 FAC.#:843-669-9958 HANNA, HANY JOSEPH PH#: 843-479-6251 Facility Email: ADMIN.FA.SC@PALMETTOLTC.COM	Florence / Ltd. Liability 617 W MARION ST FLORENCE, SC 29501-2470 PALMETTO FAITH OPERATING LLC NCF-0927 / 09/30/2014	104
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Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FLORENCE REHAB & NURSING CENTER 133 W CLARKE RD FLORENCE, SC 29501-0722 FAC.#:843-669-4374 SIMON, SHIRLEY K PH#: Facility Email: RYAN@COOKE-ASSOCIATES.COM	Florence / Limited Liability 133 W CLARKE RD FLORENCE, SC 29501-0722 FLORENCE OPERATING LLC NCF-0935 / 09/30/2014	88

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

HERITAGE HOME OF FLORENCE 515 S WARLEY ST FLORENCE, SC 29501-5199 FAC.#:843-662-4573 WELCH, PAIGE S PH#: 000-000-0000 Facility Email: PWELCH@HERITAGEFLORENCE.COM	Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC NCF-0450 / 02/28/2015	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

HONORAGE NURSING CENTER 1207 N CASHUA RD FLORENCE, SC 29501-6969 FAC.#:843-665-6172 TAYLOR, PAMELA M PH#: 843-665-6172 Facility Email: PTAYLOR1549@AOL.COM	Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501-6969 HONORAGE NURSING HOME OF FLORENCE SC INC NCF-0329 / 12/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKE CITY-SCRANTON HEALTHCARE CENTER 1940 BOYD RD SCRANTON, SC 29591-5835 FAC.#:843-389-9201 GOLDSMITH, SUSAN P PH#: 000-000-0000 Facility Email: ADMIN.LACI@PALMETTOLTC.COM	Florence / Ltd. Liability PO BOX 9 SCRANTON, SC 29591-0009 PALMETTO LAKE CITY OPERATING LLC NCF-0928 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Florence

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
METHODIST MANOR HEALTHCARE CENTER 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FAC.#:843-664-0700 TABOR, TERESSA L PH#: 843-664-0700 Facility Email: TERESSA.TABOR@GMAIL.COM	Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 UNITED METHODIST MANOR OF THE PEE DEE (NPC) NCF-0579 / 09/30/2014	32

Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 32

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 FAC.#:843-665-2222 HICKMAN III, WALTER E PH#: 843-665-2222 Facility Email: WHICKMAN@PRESHOMESC.ORG	Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN HOME OF SOUTH CAROLINA NCF-0420 / 09/30/2014	26
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Licensed Beds: Nursing Home: 26 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SOUTHLAND HEALTH CARE CENTER 722 S DARGAN ST FLORENCE, SC 29506-2562 FAC.#:843-669-4403 COMMANDER, CHARLES S PH#: 843-669-3502 Facility Email: Not on File	Florence / Corporation 722 S DARGAN ST FLORENCE, SC 29506-2562 COMMANDER HEALTH CARE FACILITIES INC NCF-0599 / 12/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 11 Number Licensed Units: 921

Number of Activities/Facilities licensed in county of <u>Florence</u>	# Lics: <u>11</u>
Number Licensed Units :	<u>921</u>

County: Georgetown

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GEORGETOWN HEALTHCARE & REHAB 2715 S ISLAND RD GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123 BRYANT, COLBY E PH#: 843-553-0656 Facility Email: ADMIN@GEORGETOWNHEALTHCARE.NET	Georgetown / Limited Liability 2715 S ISLAND RD GEORGETOWN, SC 29440-4415 GEORGETOWN HC&R NURSING LLC NCF-0633 / 12/31/2014	84

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER 80 TIMBERVIEW CT PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-9393 RICHARDSON, JACQUE W PH#: 843-235-9393 Facility Email: HCRIIBB@LAKES-LITCHFIELD.COM	Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC NCF-0843 / 12/31/2014	24
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Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER 901 MAPLE ST GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101 MICKENS, EVELYN PH#: Facility Email: ADMIN.PR.SC@PALMETTOLTC.COM	Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440-4333 PALMETTO PRINCE GEORGE OPERATING LLC NCF-0930 / 09/30/2014	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 3 Number Licensed Units: 256

Number of Activities/Facilities licensed in county of	<u>Georgetown</u>	# Lics: <u>3</u>
	Number Licensed Units :	<u>256</u>

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ALPHA HEALTH & REHAB OF GREER 401 CHANDLER RD GREER, SC 29651-1243 FAC.#:864-879-1370 BURTON, EDWARD G PH#: 803-796-8700 Facility Email: EBURTON@COVENANTDOVE.COM	Greenville / Limited Liability 401 CHANDLER RD GREER, SC 29651-1243 ALPHA HEALTH & REHAB OF GREER LLC NCF-0908 / 12/31/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
ARBORETUM AT THE WOODLANDS 50 ARBORETUM LN GREENVILLE, SC 29617-6227 FAC.#:864-371-3100 BABBITT, CAROL S PH#: Facility Email: CBABBITT@THEWOODLANDSATFURMAN.ORG	Greenville / Non-Profit Corporation 1500 TRAILHEAD CT GREENVILLE, SC 29617-6226 UPSTATE SENIOR LIVING INC NCF-0957 / 06/30/2015	30
Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
DIAMOND HEALTH & REHAB OF SIMPSONVILLE 807 SE MAIN ST SIMPSONVILLE, SC 29681-7150 FAC.#:864-963-6069 CAJKA, AMY PH#: 864-963-6069 Facility Email: ACAJKA@COVENANTDOVE.COM	Greenville / 807 SE MAIN ST SIMPSONVILLE, SC 29681-7150 NEW DIAMOND HEALTH & REHAB OF SIMPSONVILLE LLC NCF-0905 / 11/30/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
EMERITUS AT GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615-3600 FAC.#:864-286-6600 BARRESI, TIMOTHY J PH#: 864-582-6838 Facility Email: EMERITUSGREENVILLE-ED@EMERITUS.COM	Greenville / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERICARE INC NCF-0785 / 10/31/2014	45
Licensed Beds: Nursing Home: 45 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FOUNTAIN INN NURSING HOME 501 GULLIVER ST FOUNTAIN INN, SC 29644-2105 FAC.#:864-862-2554 BAUGHMAN, KATHY J PH#: 864-862-2554 Facility Email: KBAUGHMAN@COOKE-ASSOCIATES.COM	Greenville / Limited Liability 501 GULLIVER ST FOUNTAIN INN, SC 29644-2105 COOKE ASSOCIATES OF FOUNTAIN INN LLC NCF-0939 / 03/31/2015	60

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

GHS COTTAGES AT BRUSHY CREEK 101 COTTAGE CREEK CIR GREER, SC 29650-2438 FAC.#:864-797-8990 HEALY, STANLEY L PH#: 864-455-7000 Facility Email: BETHEREDGE@GHS.ORG	Greenville / District 300 E MCBEE AVE STE 200 GREENVILLE, SC 29601-2898 GREENVILLE HEALTH SYSTEM NCF-0945 / 10/31/2014	144
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Licensed Beds: Nursing Home: 144 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

GHS GREENVILLE MEMORIAL MEDICAL CENTER-SUBACUTE UNIT 701 GROVE RD GREENVILLE, SC 29605-5611 FAC.#:864-455-6155 TALBERT, ADRIENNE PH#: 864-455-6155 Facility Email: PSAWICKI@GHS.ORG	Greenville / District 300 E MCBEE AVE STE 200 GREENVILLE, SC 29601-2898 GREENVILLE HEALTH SYSTEM NCF-0934 / 02/28/2015	15
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Licensed Beds: Nursing Home: 15 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

GLORIFIED HEALTH & REHAB OF GREENVILLE 8 N TEXAS AVE GREENVILLE, SC 29611-5034 FAC.#:864-295-1331 MORRISON, SHANNON PH#: 864-878-9620 Facility Email: HEBURTON@COVENANTDOVE.COM	Greenville / Limited Liability 8 N TEXAS AVE GREENVILLE, SC 29611-5034 NEW GLORIFIED HEALTH & REHAB OF GREENVILLE LLC NCF-0903 / 11/30/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HEARTLAND HEALTH CARE CENTER-GREENVILLE EAST 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1698 FAC.#:864-246-2721 COCHRAN, AMANDA C PH#: 864-246-2721 Facility Email: 4032-ADMIN@HCR-MANORCARE.COM	Greenville / Limited Liability 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1698 OAKMONT EAST-GREENVILLE SC LLC NCF-0952 / 12/31/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HEARTLAND HEALTH CARE CENTER-GREENVILLE WEST 600 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1985 FAC.#:864-246-2721 LOYD, DEREK PH#: 000-000-0000 Facility Email: 4033-ADMIN@HCR-MANORCARE.COM	Greenville / Limited Liability 600 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1985 OAKMONT WEST-GREENVILLE SC LLC NCF-0953 / 12/31/2014	125
Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HOPE HEALTH & REHAB OF MARIETTA 2906 GEER HWY MARIETTA, SC 29661-9517 FAC.#:864-836-6381 HAMMETT, WARREN E PH#: 803-245-4321 Facility Email: WHAMMETT@COVENANTDOVE.COM	Greenville / Limited Liability 2906 GEER HWY MARIETTA, SC 29661-9517 NEW HOPE HEALTH & REHAB OF MARIETTA LLC NCF-0920 / 11/30/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
LAUREL BAYE HEALTHCARE OF GREENVILLE 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 FAC.#:864-232-2442 NATALE, NICHOLA A PH#: 000-000-0000 Facility Email: NNADKARNI@LAURELBAYE.COM	Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 LAUREL BAYE HEALTHCARE OF GREENVILLE LLC NCF-0805 / 04/30/2015	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LINVILLE COURTS AT THE CASCADES VERDAE 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 FAC.#:864-528-5501 JOHNSON, DENA CHANEZ PH#: 864-528-5501 Facility Email: KHUFFSTETLER@SENIOR-LIVING-COMMUNITIES.C	Greenville / Limited Liability 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 CASCADES NURSING LLC NCF-0956 / 04/30/2015	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0 Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
MAGNOLIA MANOR-GREENVILLE 411 ANSEL ST GREENVILLE, SC 29601-3499 FAC.#:864-232-5368 PH#: Facility Email: JANE.OWINGS@THICARE.COM	Greenville / Ltd. Liability 411 ANSEL ST GREENVILLE, SC 29601-3499 THI OF SOUTH CAROLINA AT GREENVILLE LLC NCF-0860 / 08/31/2014	99
Licensed Beds: Nursing Home: 99 Institutional Nursing Home: 0 Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
MAGNOLIA PLACE AT GREENVILLE 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 FAC.#:864-288-1415 FARTHING, SHANNON P PH#: 864-288-1415 Facility Email: SHANNON.FARTHING@FUNDLTC.COM	Greenville / Ltd. Liability 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE LLC NCF-0869 / 08/31/2014	120
Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0 Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
NHC HEALTHCARE GREENVILLE 1305 BOILING SPRINGS RD GREER, SC 29650-4139 FAC.#:864-458-7566 MOORHOUSE, BRYAN M PH#: 864-458-7566 Facility Email: 1PEN@NHCGREENVILLE.COM	Greenville / Ltd. Liability 1305 BOILING SPRINGS RD GREER, SC 29650-4139 NHC HEALTHCARE/GREENVILLE LLC NCF-0807 / 07/31/2014	176
Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0 Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NHC HEALTHCARE MAULDIN 850 E BUTLER RD GREENVILLE, SC 29607-5842 FAC.#:864-675-6421 DOBSON, DEBORAH D PH#: 864-675-6421 Facility Email: DDOBSON@NHCMAULDIN.COM	Greenville / Ltd. Liability PO BOX 600 MAULDIN, SC 29662-0600 NHC HEALTHCARE/MAULDIN LLC NCF-0796 / 06/30/2014	180

Licensed Beds: Nursing Home: 180 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

OMEGA HEALTH & REHAB OF GREENVILLE 809 LAURENS RD GREENVILLE, SC 29607-1914 FAC.#:864-232-8196 MORRISON, SHANNON PH#: 864-878-9620 Facility Email: REVATT@COVENANTDOVE.COM	Greenville / Limited Liability 809 LAURENS RD GREENVILLE, SC 29607-1914 OMEGA HEALTH & REHAB OF GREENVILLE LLC NCF-0912 / 12/31/2014	79
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Licensed Beds: Nursing Home: 79 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PATEWOOD REHAB & HEALTH CARE CENTER 2 GRIFFITH RD GREENVILLE, SC 29607-3504 FAC.#:864-967-7191 KENNEDY, SHERRY SUE PH#: 864-967-7191 Facility Email: SKENNEDY@COVENANTDOVE.COM	Greenville / Limited Liability 721 W CURTIS ST SIMPSONVILLE, SC 29681-2526 DAYSPRING HEALTH & REHAB OF SIMPSONVILLE LLC NCF-0900 / 12/31/2014	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ROLLING GREEN VILLAGE HEALTH CARE FACILITY 1 HOKE SMITH BLVD GREENVILLE, SC 29615-5308 FAC.#:864-987-9800 TOERNER, RYAN PH#: 803-981-1000 Facility Email: HOPEH@ROLLINGGREENVILLAGE.COM	Greenville / Non-Profit Corporation 1 HOKE SMITH BLVD GREENVILLE, SC 29615-5308 ROLLING GREEN VILLAGE NCF-0456 / 10/31/2014	74
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Licensed Beds: Nursing Home: 74 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 20 Number Licensed Units: 2,015

County: Greenville

Number of Activities/Facilities licensed in county of	<u>Greenville</u>	# Lics: <u>20</u>
	Number Licensed Units :	<u>2,015</u>

County: Greenwood

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GREENWOOD TRANSITIONAL REHABILITATION UNIT 1530 PKWY GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 FLEMING, SHERYL M PH#: 864-379-2554 Facility Email: TRAPNELLK@ERNESTHEALTH.COM	Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC NCF-0944 / 10/31/2014	12

Licensed Beds: Nursing Home: 12 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

HEALTH CARE CENTER OF WESLEY COMMONS 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7250 HOLMES MOODY, KIMBERLY K PH#: 864-227-7250 Facility Email: KMOODY@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS NCF-0304 / 03/31/2015	102
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Licensed Beds: Nursing Home: 102 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MAGNOLIA MANOR-GREENWOOD 1415 PKWY GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GOFORTH, EDITH C PH#: 864-227-9500 Facility Email: EDITH.GOFORTH@FUNDLTC.COM	Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD LLC NCF-0866 / 08/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE GREENWOOD 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 SELLARS, RICHARD A PH#: 864-223-1950 Facility Email: RSELLARS@NHCGREENWOOD.COM	Greenwood / Ltd. Liability PO BOX 3109 GREENWOOD, SC 29648-3109 NHC HEALTHCARE/GREENWOOD LLC NCF-0802 / 06/30/2015	152
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Licensed Beds: Nursing Home: 152 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 4 Number Licensed Units: 354

County: Greenwood

Number of Activities/Facilities licensed in county of	<u>Greenwood</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>354</u>

County: Hampton

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH - ESTILL 252 LIBERTY AVE S ESTILL, SC 29918 FAC.#:803-625-3852 BRODERICK, ASHLYN PH#: Facility Email: CHONEYCUTT@UHS-PRUITT.COM	Hampton / Ltd. Liability 252 LIBERTY AVE S ESTILL, SC 29918 PRUITTHEALTH - ESTILL LLC NCF-0922 / 09/30/2014	104

Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 104

Number of Activities/Facilities licensed in county of <u>Hampton</u>	# Lics: <u>1</u>
Number Licensed Units : <u>104</u>	

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE REHABILITATION OF CONWAY 2320 HWY 378 CONWAY, SC 29527-4911 FAC.#:843-397-2273 MYERS, MITZI PH#: 803-329-6565 Facility Email: MMYERS@AGAPESENIOR.COM	Horry / Corporation 2320 HWY 378 CONWAY, SC 29527-4911 AGAPE REHABILITATION OF CONWAY INC NCF-0954 / 03/31/2015	95
Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
BRIGHTWATER SKILLED NURSING CENTER 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 FAC.#:843-903-8300 PH#:	Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC NCF-0955 / 04/30/2015	67
Facility Email: MTREMBLE@BRIGHTWATER-LIVING.COM Licensed Beds: Nursing Home: 67 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FAC.#:843-248-5728 TILLER, RAYMOND G PH#: 843-248-5728 Facility Email: RTILLER@CONWAYMANOR.NET	Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC NCF-0899 / 05/31/2015	190
Licensed Beds: Nursing Home: 190 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
COVENANT TOWERS HEALTH CARE 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 FAC.#:843-449-2484 HENDRICK, DEBBIE M PH#: 843-449-2484 Facility Email: DEBBIE@COVENANTTOWERS.COM	Horry / Non-Profit Corporation 5001 LITTLE RIVER RD, COVENANT TOWERS W-505 MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC NCF-0469 / 08/31/2014	30
Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GRAND STRAND HEALTHCARE 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 FAC.#:843-293-1137 BRANTON, HAROLD D PH#: 843-293-1137 Facility Email: NORMA29578@AOL.COM	Horry / Corporation 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 GRAND STRAND HEALTHCARE INC NCF-0573 / 03/31/2015	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
KINGSTON NURSING CENTER 2379 CYPRESS CIR CONWAY, SC 29526-8921 FAC.#:843-347-8179 FOWLER, LAURA L PH#: 843-347-8179 Facility Email: LFOWLER@CMC-SC.COM	Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528-1496 CONWAY HOSPITAL INC NCF-0518 / 06/30/2015	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
LORIS EXTENDED CARE CENTER 3620 STEVENS ST LORIS, SC 29569-2953 FAC.#:843-756-7106 JOHNSON, LINDA L PH#: 843-716-7106 Facility Email: LJOHNSON@MCLEODHEALTH.ORG	Horry / Non-Profit Corporation 3620 STEVENS ST LORIS, SC 29569-2953 MCLEOD LORIS SEACOAST HOSPITAL NCF-0207 / 01/31/2015	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MYRTLE BEACH MANOR 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FAC.#:843-449-5283 BEARD, MICHAEL PH#: 843-449-5283 Facility Email: MBEARD@5SQC.COM	Horry / Corporation 400 CENTRE ST, FIVE STAR QUALITY CARE- LICENSING NEWTON, MA 02458-2094 FS TENANT POOL I TRUST NCF-0829 / 01/31/2015	60
Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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NHC HEALTHCARE GARDEN CITY 9405 HWY 17 BYP MURRELLS INLET, SC 29576-9301 FAC.#:843-650-2213 SELLARS, GIDEON PH#: 843-650-2213 Facility Email: REMSMOM@AOL.COM	Horry / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576-0309 NHC HEALTHCARE/GARDEN CITY LLC NCF-0825 / 10/31/2014	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 9 Number Licensed Units: 854

Number of Activities/Facilities licensed in county of	<u>Horry</u>	# Lics: <u>9</u>
	Number Licensed Units :	<u>854</u>

County: Jasper

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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RIDGELAND NURSING CENTER	Jasper / Corporation	88
1516 GRAYS HWY	PO BOX 1570	
RIDGELAND, SC 29936-5440 FAC.#:843-726-5581	RIDGELAND, SC 29936-2627	
BOYLES, SHERI P PH#: 843-726-5581	RIDGELAND NURSING CENTER INC	
Facility Email: SBOYLES@RIDGELANDNC.COM	NCF-0553 / 08/31/2014	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 88

Number of Activities/Facilities licensed in county of <u>Jasper</u>	# Lics: <u>1</u>
Number Licensed Units : <u>88</u>	

County: Kershaw

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
KERSHAWHEALTH KARESH LONG TERM CARE 1315 ROBERTS ST CAMDEN, SC 29020-3737 FAC.#:803-713-6376 HANLEY, JEANNE H PH#: 803-713-6376 Facility Email: HANLEY@KERSHAWHEALTH.ORG	Kershaw / County PO BOX 7003 CAMDEN, SC 29021-7003 KERSHAWHEALTH (BOARD OF TRUSTEES) NCF-0313 / 09/30/2014	96

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SPRINGDALE HEALTHCARE CENTER 146 BATTLESHIP RD CAMDEN, SC 29020-2060 FAC.#:803-432-3741 SPARKS, DEBORAH PH#: 803-432-3741 Facility Email: ADMIN.SPCA.SC@PALMETTOLTC.COM	Kershaw / Ltd. Liability 146 BATTLESHIP RD CAMDEN, SC 29020-2060 PALMETTO SPRINGDALE OPERATING LLC NCF-0925 / 09/30/2014	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 244

Number of Activities/Facilities licensed in county of <u>Kershaw</u>	# Lics: <u>2</u>
Number Licensed Units :	<u>244</u>

County: Lancaster

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FAC.#:803-285-7907 SCHOLL, DEBORAH M PH#: 803-285-7907 Facility Email: DSCHOLL@CONPORIUM.NET	Lancaster / Corporation PO BOX 1749 LANCASTER, SC 29721-1749 LANCASTER CONVALESCENT CENTER INC NCF-0551 / 04/30/2015	142

Licensed Beds: Nursing Home: 142 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1481 GOSNELL, LISA R PH#: 000-000-0000 Facility Email: LISA_CARLYLE@CHS.NET	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION NCF-0723 / 04/30/2015	14
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Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FAC.#:803-286-1464 RIORDAN, MICHELE PH#: 803-283-1464 Facility Email: NCURTIS@WHITEOAKMANOR.COM	Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR LANCASTER INC NCF-0883 / 12/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 3 Number Licensed Units: 288

Number of Activities/Facilities licensed in county of <u>Lancaster</u>	# Lics: <u>3</u>
Number Licensed Units :	<u>288</u>

Division of Health Licensing

County: Laurens

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT 22725 HWY 76 E CLINTON, SC 29325-7527 FAC.#:864-938-2843 HALL, DENIECE D PH#: Facility Email: PSAWICKI@GHS.ORG	Laurens / District GREENVILLE HEALTH SYSTEM NCF-0786 / 06/30/2015	14
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Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FAC.#:864-984-4541 TURNER III, THOMAS P PH#: 864-675-0220 Facility Email: PFRANKS@SCBMA.COM	Laurens / Non-Profit Corporation 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC NCF-0435 / 03/31/2015	88
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Licensed Beds: Nursing Home: 81 Institutional Nursing Home: 7

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

NHC HEALTHCARE CLINTON 304 JACOBS HWY CLINTON, SC 29325-7279 FAC.#:864-833-2550 HOLDER, CHARLES E PH#: 000-000-0000 Facility Email: CHOLDER8369@YAHOO.COM	Laurens / Ltd. Liability PO BOX 727 CLINTON, SC 29325-0727 NHC HEALTHCARE/CLINTON LLC NCF-0804 / 06/30/2015	131
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Licensed Beds: Nursing Home: 131 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE LAURENS 379 PINEHAVEN ST EXT LAURENS, SC 29360-2672 FAC.#:864-984-6584 SHEARER, RICKIE L PH#: 864-984-6584 Facility Email: RSHEARER@NHCLAURENS.COM	Laurens / Ltd. Liability PO BOX 1259 LAURENS, SC 29360-1259 NHC HEALTHCARE/LAURENS LLC NCF-0326 / 06/30/2015	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Laurens

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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PRESBYTERIAN HOME OF SOUTH CAROLINA-CLINTON 801 MUSGROVE ST CLINTON, SC 29325-1796 FAC.#:864-833-5190 HAIR, BRANDON T PH#: 864-859-4684 Facility Email: JMEDLIN@PRESHOMESC.ORG	Laurens / Non-Profit Corporation 801 MUSGROVE ST CLINTON, SC 29325-1796 PRESBYTERIAN HOME OF SOUTH CAROLINA NCF-0366 / 04/30/2015	66
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Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 48

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 5 Number Licensed Units: 475

Number of Activities/Facilities licensed in county of	<u>Laurens</u>	# Lics: <u>5</u>
	Number Licensed Units :	<u>475</u>

County: Lee

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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MCCOY MEMORIAL NURSING CENTER 207 CHAPPELL DR BISHOPVILLE, SC 29010-1167 FAC.#:803-484-5636 MOORE, JOHN D PH#: 803-484-5636 Facility Email: JMOORE@COOKE-ASSOCIATES.COM	Lee / Ltd. Liability 207 CHAPPELL DR BISHOPVILLE, SC 29010-1167 COOKE ASSOCIATES OF BISHOPVILLE LLC NCF-0940 / 12/31/2014	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 120

Number of Activities/Facilities licensed in county of <u>Lee</u>	# Lics: <u>1</u>
Number Licensed Units : <u>120</u>	

County: Lexington

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE NURSING AND REHABILITATION CENTER 300 AGAPE DR WEST COLUMBIA, SC 29169-3307 FAC.#:803-939-3000 FARIS, MATTHEW A PH#: 000-000-0000 Facility Email: MFARIS@AGAPESENIOR.COM	Lexington / Corporation 300 AGAPE DR WEST COLUMBIA, SC 29169-3307 AGAPE NURSING AND REHABILITATION CENTER INC NCF-0837 / 12/31/2014	100
Licensed Beds: Nursing Home: 100 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
BRIAN CENTER OF NURSING CARE-ST ANDREWS 3514 SIDNEY RD COLUMBIA, SC 29210-4494 FAC.#:803-798-9715 HOLLOMAN, LISA D PH#: 803-798-9715 Facility Email: STANDREWS@CHOICE-HEALTH.NET	Lexington / Ltd. Liability 3514 SIDNEY RD COLUMBIA, SC 29210-4494 BRIAN CENTER/ST ANDREWS LLC NCF-0875 / 05/31/2015	120
Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HEARTLAND OF LEXINGTON REHABILITATION AND NURSING CENTER 2416 SUNSET BLVD WEST COLUMBIA, SC 29169-4791 FAC.#:803-796-8024 FALLAW, DENISE PH#: 803-637-5312 Facility Email: 526-ADMIN@HCR-MANORCARE.COM	Lexington / Ltd. Liability 2416 SUNSET BLVD WEST COLUMBIA, SC 29169-4791 LEXINGTON REHABILITATION AND NURSING CENTER- LEXINGTON SC LLC NCF-0948 / 12/31/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HERITAGE AT LOWMAN REHABILITATION AND HEALTHCARE 201 FORTRESS DR CHAPIN, SC 29036 FAC.#:803-732-3000 YETTER, MELISSA T PH#: 803-732-8800 Facility Email: MYETTER@LHOMES.ORG	Lexington / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0688 / 05/31/2015	176
Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Lexington

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LAUREL CREST RETIREMENT CENTER 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FAC.#:803-796-0370 SMITH, DANIEL T PH#: 803-796-0370 Facility Email: Not on File	Lexington / Non-Profit Corporation 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FPCRC INC NCF-0647 / 09/30/2014	12
Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 12		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
LEXINGTON MEDICAL CENTER EXTENDED CARE 815 OLD CHEROKEE RD LEXINGTON, SC 29072-8115 FAC.#:803-359-5181 STOWE, RICHARD W PH#: 803-359-5181 Facility Email: WSTOWE@LEXHEALTH.ORG	Lexington / Corporation 815 OLD CHEROKEE RD LEXINGTON, SC 29072-8115 LEXMED INC NCF-0730 / 12/31/2014	388
Licensed Beds: Nursing Home: 388 Institutional Nursing Home: 0		
Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: Yes Max # Beds: 0		
Certifications: None		
NHC HEALTHCARE LEXINGTON 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 FAC.#:803-939-0026 MANLEY, MICHAEL W PH#: 803-939-0026 Facility Email: MMANLEY@NHCLEXINGTON.COM	Lexington / Ltd. Liability 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 NHC HEALTHCARE/LEXINGTON LLC NCF-0798 / 06/30/2015	170
Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
PRESBYTERIAN HOME OF SOUTH CAROLINA-COLUMBIA 700 DAVEGA DR LEXINGTON, SC 29073-9698 FAC.#:803-796-8700 JACKSON, WILLIAM F PH#: 803-796-8700 Facility Email: FRAZIER.JACKSON@PRESHOMESC.ORG	Lexington / Non-Profit Corporation 700 DAVEGA DR LEXINGTON, SC 29073-9698 PRESBYTERIAN HOME OF SOUTH CAROLINA NCF-0545 / 12/31/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		

County: Lexington

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES 1 STILL HOPES DR WEST COLUMBIA, SC 29169-7164 FAC.#:803-739-5001 ROBERTSON, NIKKI W PH#: 803-796-6490 Facility Email: BLUGMAYER@STILLHOPES.ORG	Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171-2959 SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES NCF-0392 / 12/31/2014	62
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Licensed Beds: Nursing Home: 62 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 9 Number Licensed Units: 1,204

Number of Activities/Facilities licensed in county of	<u>Lexington</u>	# Lics: <u>9</u>
	Number Licensed Units :	<u>1,204</u>

County: Marion

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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MULLINS NURSING CENTER	Marion / Corporation	92
518 S MAIN ST	518 S MAIN ST	
MULLINS, SC 29574-3510 FAC.#:843-464-8211	MULLINS, SC 29574-3510	
MARTIN, TONYA G PH#: 843-464-8211	QHG OF SOUTH CAROLINA INC	
Facility Email: TMARTIN@MCMED.ORG	NCF-0828 / 07/31/2014	

Licensed Beds: Nursing Home: 92 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 92

Number of Activities/Facilities licensed in county of	<u>Marion</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>92</u>

County: Marlboro

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DUNDEE MANOR 710 15-401 BYP W BENNETTSVILLE, SC 29512-3641 FAC.#:843-479-6251 WRIGHT-RABY, SHEILA G PH#: 843-546-4123 Facility Email: ADMIN@DUNDEEMANOR.NET	Marlboro / Ltd. Liability 710 15-401 BYP W BENNETTSVILLE, SC 29512-3641 DUNDEE MANOR LLC NCF-0897 / 05/31/2015	110

Licensed Beds: Nursing Home: 110 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 110

Number of Activities/Facilities licensed in county of <u>Marlboro</u>	# Lics: <u>1</u>
Number Licensed Units : <u>110</u>	

County: McCormick

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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PETRA HEALTH & REHAB OF MCCORMICK 204 HOLIDAY RD MC CORMICK, SC 29835-3429 FAC.#:864-391-2390 ADAMS, WAYNE PH#: 864-391-2390 Facility Email: DENJOHNSON@COVENANTDOVE.COM	McCormick / Limited Liability 204 HOLIDAY RD MC CORMICK, SC 29835-3429 NEW PETRA HEALTH & REHAB OF MCCORMICK LLC NCF-0933 / 11/30/2014	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 120

Number of Activities/Facilities licensed in county of	<u>McCormick</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>120</u>

County: Newberry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
J F HAWKINS NURSING HOME 1330 KINARD ST NEWBERRY, SC 29108-3096 FAC.#:803-276-2601 MONTGOMERY, KATHY N PH#: 803-405-1585 Facility Email: KMONTGOMERY@JFHAWKINS.ORG	Newberry / Limited Liability 1330 KINARD ST NEWBERRY, SC 29108-3096 NEWBERRY OPERATOR LLC NCF-0234 / 02/28/2015	118

Licensed Beds: Nursing Home: 118 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

WHITE OAK MANOR-NEWBERRY 2555 KINARD ST NEWBERRY, SC 29108-2903 FAC.#:803-276-6060 GILLIAM, MELISSA S PH#: 803-276-6060 Facility Email: MGILLIAM@WHITEOAKMANOR.COM	Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108-2903 WHITE OAK MANOR - NEWBERRY INC NCF-0884 / 12/31/2014	146
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Licensed Beds: Nursing Home: 146 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 264

Number of Activities/Facilities licensed in county of <u>Newberry</u>	# Lics: <u>2</u>
Number Licensed Units : <u>264</u>	

County: Oconee

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LILA DOYLE AT OCONEE MEDICAL CENTER 101 LILA DOYLE DR SENECA, SC 29672-9495 FAC.#:864-885-7678 PAUL, KEITH A PH#: 864-882-3351 Facility Email: KEITH.PAUL.OONEEMED.ORG	Oconee / Non-Profit Corporation 298 MEMORIAL DR SENECA, SC 29672-9443 OCONEE MEDICAL CENTER NCF-0297 / 03/31/2015	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SENECA HEALTH AND REHABILITATION CENTER 140 TOKEENA RD SENECA, SC 29678-1799 FAC.#:864-882-1642 CARLISLE, CARROL A PH#: 803-278-2170 Facility Email: CACARLISLE@SAVASC.COM	Oconee / Ltd. Liability 140 TOKEENA RD SENECA, SC 29678-1799 SSC SENECA OPERATING COMPANY LLC NCF-0917 / 09/30/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 252

Number of Activities/Facilities licensed in county of	<u>Oconee</u>	# Lics: <u>2</u>
	Number Licensed Units :	<u>252</u>

County: Orangeburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
JOLLEY ACRES HEALTHCARE CENTER 1180 WOLFE TRL ORANGEBURG, SC 29115-7339 FAC.#:803-534-1001 HOUSER, DEANA PH#: 803-534-1001 Facility Email: ADMIN.JO.SC@PALMETTOLTC.COM	Orangeburg / Ltd. Liability 1180 WOLFE TRL ORANGEBURG, SC 29115-7339 PALMETTO JOLLEY ACRES OPERATING LLC NCF-0929 / 09/30/2014	60

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAUREL BAYE HEALTHCARE OF ORANGEBURG 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 FAC.#:803-534-7771 JONES, TED P PH#: 843-689-7003 Facility Email: TJONES@LAURELBAYE.COM	Orangeburg / Ltd. Liability 3409 SALTERBECK CT MOUNT PLEASANT, SC 29466-7117 LAUREL BAYE HEALTHCARE OF ORANGEBURG LLC NCF-0858 / 10/31/2014	113
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Licensed Beds: Nursing Home: 113 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

METHODIST OAKS 1000 METHODIST OAKS DR ORANGEBURG, SC 29115-1813 FAC.#:803-534-1212 VALLENTINE, TERESA C PH#: 803-245-4321 Facility Email: Not on File	Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS INC NCF-0735 / 11/30/2014	122
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Licensed Beds: Nursing Home: 122 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-ORANGEBURG 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 FAC.#:803-534-7036 DRINKARD, CHRISTY PH#: Facility Email: PLEE@UHS-PRUITT.COM	Orangeburg / Limited Liability 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 PRUITTHEALTH-ORANGEBURG LLC NCF-0617 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 4 Number Licensed Units: 383

County: Orangeburg

Number of Activities/Facilities licensed in county of	<u>Orangeburg</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>383</u>

County: Pickens

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CAPSTONE HEALTH & REHAB OF EASLEY 1850 CRESTVIEW RD EASLEY, SC 29642-3528 FAC.#:864-859-3236 MCLEOD, CHARLES H PH#: 864-967-7191 Facility Email: CMDLEOD@COVENANTDOVE.COM	Pickens / Limited Liability 1850 CRESTVIEW RD EASLEY, SC 29642-3528 NEW CAPSTONE HEALTH & REHAB OF EASLEY LLC NCF-0901 / 11/30/2014	66
Licensed Beds: Nursing Home: 66 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
CLEMSON AREA RETIREMENT CENTER-HEALTH CARE CENTER 500 DOWNS LOOP CLEMSON, SC 29631-2099 FAC.#:864-654-1155 LEHEUP, JOHN D PH#: 864-654-1155 Facility Email: WANDAPALMER@CLEMSONDOWNS.COM	Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631-2099 CARC INC NCF-0391 / 10/31/2014	52
Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 22		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
EMERITUS AT COUNTRYSIDE HEALTH CARE CENTER 706 PELZER HWY EASLEY, SC 29642-2941 FAC.#:864-859-0167 HESS, HEATHER L PH#: 864-859-4684 Facility Email: KAREN.MUNZ@EMERITUS.COM	Pickens / Limited Liability 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERICARE COUNTRYSIDE VILLAGE LLC NCF-0701 / 02/28/2015	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0		
Certifications:None		
MAJESTY HEALTH & REHAB OF EASLEY 200 ANNE DR EASLEY, SC 29640-2061 FAC.#:864-859-9754 NATALE, NICOLA A PH#: Facility Email: SADICKEY@COVENANTDOVE.COM	Pickens / Limited Liability 200 ANNE DR EASLEY, SC 29640-2061 NEW MAJESTY HEALTH & REHAB OF EASLEY LLC NCF-0913 / 11/30/2014	103
Licensed Beds: Nursing Home: 103 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Pickens

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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MANNA REHABILITATION & HEALTHCARE CENTER
716 E CEDAR ROCK ST
PICKENS, SC 29671-2324 FAC.#:864-878-4739
GRIGGS, TODD PH#:
Facility Email: TGRIGGS@COVENANTDOVE.COM

Pickens / Limited Liability 80
716 E CEDAR ROCK ST
PICKENS, SC 29671-2324
MANNA HEALTH & REHAB OF PICKENS LLC
NCF-0910 / 12/31/2014

Licensed Beds: Nursing Home: 80 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA-FOOTHILLS
205 BUD NALLEY DR
EASLEY, SC 29642 FAC.#:864-859-3367
NICHOLS, KAREN H PH#: 864-528-5505
Facility Email: SMIZE@PRESHOMESC.ORG

Pickens / Non-Profit Corporation 44
205 BUD NALLEY DR
EASLEY, SC 29642
PRESBYTERIAN HOME OF SOUTH CAROLINA
NCF-0809 / 10/31/2014

Licensed Beds: Nursing Home: 26 Institutional Nursing Home: 18

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH - PICKENS
163 LOVE AND CARE RD
SIX MILE, SC 29682-9569 FAC.#:864-868-5811
KING, JAMES PH#: 864-868-5811
Facility Email: JHKING@UHS-PRUITT.COM

Pickens / Limited Liability 44
163 LOVE AND CARE RD
SIX MILE, SC 29682-9569
PRUITTHEALTH - PICKENS LLC
NCF-0580 / 04/30/2015

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

REDEEMER HEALTH & REHAB OF PICKENS
138 ROSEMOND ST
PICKENS, SC 29671-2434 FAC.#:864-878-9620
WILLIAMS, MEREDITH A PH#: 000-000-0000
Facility Email: JLOCKLAIR@COVENANTDOVE.COM

Pickens / Limited Liability 44
138 ROSEMOND ST
PICKENS, SC 29671-2434
NEW REDEEMER HEALTH & REHAB OF PICKENS LLC
NCF-0906 / 11/30/2014

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 8 Number Licensed Units: 477

County: Pickens

Number of Activities/Facilities licensed in county of	<u>Pickens</u>	# Lics: <u>8</u>
	Number Licensed Units :	<u>477</u>

Division of Health Licensing

County: Richland

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
C M TUCKER JR NURSING CARE CENTER FEWELL AND STONE PAVILIONS 2200 HARDEN ST COLUMBIA, SC 29203-7199 FAC.#:803-737-5313 CORLEY, FRANCES F PH#: 803-737-5399 Facility Email: FFC29@SCDMH.ORG	Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH NCF-0334 / 12/31/2014	252
Licensed Beds: Nursing Home: 252 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
C M TUCKER JR NURSING CARE CENTER RODDEY PAVILION 2200 HARDEN ST COLUMBIA, SC 29203-7199 FAC.#:803-737-5301 MOBLEY, NORMA JEAN PH#: 803-737-5339 Facility Email: NJM73@SCDMH.ORG	Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH NCF-0726 / 12/31/2014	308
Licensed Beds: Nursing Home: 308 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
COUNTRYWOOD NURSING CENTER 1645 RIDGE RD HOPKINS, SC 29061-8432 FAC.#:803-776-3873 HUNT, JOSEPH R PH#: 803-776-3873 Facility Email: JHUNT@STERLING-HEALTH.COM	Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC NCF-0946 / 11/30/2014	38
Licensed Beds: Nursing Home: 38 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
HEARTLAND OF COLUMBIA REHABILITATION AND NURSING CENTER 2601 FOREST DR COLUMBIA, SC 29204-2363 FAC.#:803-256-4983 HARDY, JAMES PH#: Facility Email: 512-ADMIN@HCR-MANORCARE.COM	Richland / Limited Liability 2601 FOREST DR COLUMBIA, SC 29204-2363 COLUMBIA REHABILITATION AND NURSING CENTER - COLUMBIA SC LLC NCF-0316 / 12/31/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0		
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		

County: Richland

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LIFE CARE CENTER OF COLUMBIA 2514 FARAWAY DR COLUMBIA, SC 29223-3969 FAC.#:803-865-1999 KILPATRICK, LYNN D PH#: 864-984-4541 Facility Email: MARGARET_JEROME@LCCA.COM	Richland / Corporation 2514 FARAWAY DR COLUMBIA, SC 29223-3969 RCM-COLUMBIA INC NCF-0634 / 06/30/2014	179
Licensed Beds: Nursing Home: 179 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
MAGNOLIA MANOR-COLUMBIA 1007 N KINGS WAY COLUMBIA, SC 29223-1916 FAC.#:803-699-4111 SKINNER, JEFFREY PH#: 803-699-4111 Facility Email: VALDEKO.KREIL@FUNDLTC.COM	Richland / Ltd. Liability 1007 N KINGS WAY COLUMBIA, SC 29223-1916 THI OF SOUTH CAROLINA AT COLUMBIA LLC NCF-0868 / 08/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
NHC HEALTHCARE PARKLANE 7601 PARKLANE RD COLUMBIA, SC 29223-6122 FAC.#:803-741-9090 ARGO, MELISSA B PH#: 803-741-7233 Facility Email: MARGO@NHCPARKLANE.COM	Richland / Ltd. Liability 7601 PARKLANE RD COLUMBIA, SC 29223-6122 NHC HEALTHCARE/PARKLANE LLC NCF-0797 / 06/30/2015	180
Licensed Beds: Nursing Home: 180 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0 Certifications:None		
PALMETTO HEALTH BAPTIST SUBACUTE REHABILITATION CENTER 1330 TAYLOR ST COLUMBIA, SC 29201-2943 FAC.#:803-296-5010 CHAVIS, DIANA L PH#: 000-000-0000 Facility Email: Not on File	Richland / Non-Profit Corporation 1330 TAYLOR ST COLUMBIA, SC 29201-2943 PALMETTO HEALTH NCF-0740 / 02/28/2015	22
Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 22 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Richland

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH-BLYTHEWOOD 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 FAC.#:803-419-9863 BROWN, HAZEL D PH#: 803-256-4983 Facility Email: JSKINNER@UHS-PRUITT.COM	Richland / Corporation 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 OAKS OF BLYTHEWOOD INC NCF-0959 / 08/31/2014	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRUITTHEALTH-COLUMBIA 2451 FOREST DR COLUMBIA, SC 29204-2026 FAC.#:803-254-5960 LEE, PATRICIA PH#: 803-254-5960 Facility Email: CPAVLICK@UHS-PRUITT.COM	Richland / Limited Liability 2451 FOREST DR COLUMBIA, SC 29204-2026 PRUITTHEALTH-COLIMBIA LLC NCF-0880 / 01/31/2015	185
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Licensed Beds: Nursing Home: 185 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

RICE ESTATE REHABILITATION AND HEALTHCARE 100 FINLEY RD COLUMBIA, SC 29203-9264 FAC.#:803-691-5720 PRIDMORE, PAUL PH#: Facility Email: PPRIDMORE@RICEESTATE.ORG	Richland / Non-Profit Corporation 100 FINLEY RD COLUMBIA, SC 29203-9264 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0831 / 05/31/2015	36
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Licensed Beds: Nursing Home: 36 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR COLUMBIA 3001 BEECHAVEN RD COLUMBIA, SC 29204-2701 FAC.#:803-782-4363 NEAL, MICHAEL S PH#: 803-782-4363 Facility Email: SNEAL@WHITEOAKMANOR.COM	Richland / Corporation 3001 BEECHAVEN RD COLUMBIA, SC 29204-2701 WHITE OAK MANOR COLUMBIA INC NCF-0886 / 12/31/2014	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Richland

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER 731 POLO RD COLUMBIA, SC 29223-4462 FAC.#:803-788-5115 STUDNICKA, STEPHANIE PH#: 803-788-5115 Facility Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM	Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223-4462 WILDEWOOD DOWNS RETIREMENT LLC NCF-0914 / 12/31/2014	80
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Licensed Beds: Nursing Home: 72 Institutional Nursing Home: 8

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 13 Number Licensed Units: 1,740

Number of Activities/Facilities licensed in county of	<u>Richland</u>	# Lics: <u>13</u>
	Number Licensed Units :	<u>1,740</u>

County: Saluda

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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SALUDA NURSING CENTER	Saluda / County	176
581 NEWBERRY HWY	PO BOX 398	
SALUDA, SC 29138-7808 FAC.#:864-445-2146	SALUDA, SC 29138-0398	
BOWLES SR, ROBERT FRANCIS PH#: 864-445-2146	SALUDA COUNTY	
Facility Email: RBOWLES@EMBARQMAIL.COM	NCF-0265 / 06/30/2015	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 176

Number of Activities/Facilities licensed in county of	<u>Saluda</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>176</u>

County: Spartanburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
EMERITUS AT SKYLYN HEALTH CARE CENTER 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 FAC.#:864-582-6838 HUNTER, ANDREA M PH#: 864-582-6838 Facility Email: SKYLYNPLACE-ED@EMERITUS.COM	Spartanburg / Limited Liability 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 EMERICARE SKYLYN PLACE LLC NCF-0700 / 02/28/2015	44
Licensed Beds: Nursing Home: 33 Institutional Nursing Home: 11 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
GOLDEN AGE-INMAN 82 N MAIN ST INMAN, SC 29349-1416 FAC.#:864-472-6636 JOHNSON, TIMOTHY A PH#: 864-472-6636 Facility Email: TIMOTHY.JOHNSON@FUNDLTC.COM	Spartanburg / Limited Liability INMAN GOLDEN AGE OPERATING COMPANY LLC NCF-0857 / 12/31/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
INMAN HEALTHCARE 51 N MAIN ST INMAN, SC 29349-1437 FAC.#:864-472-9370 DORN, JOSH PH#: Facility Email: JKISER@FUNDLTC.COM	Spartanburg / Limited Liability INMAN HEALTH OPERATING COMPANY LLC NCF-0864 / 12/31/2014	40
Licensed Beds: Nursing Home: 40 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
LAKE EMORY POST ACUTE CARE 59 BLACKSTOCK RD INMAN, SC 29349-1827 FAC.#:864-472-2028 HAMILTON, DEBRA A PH#: 843-875-9053 Facility Email: SUE.KENNEDY@FUNDLTC.COM	Spartanburg / Ltd. Liability 59 BLACKSTOCK RD INMAN, SC 29349-1827 THI OF SOUTH CAROLINA AT CAMP CARE LLC NCF-0862 / 08/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Spartanburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MAGNOLIA MANOR-INMAN 63 BLACKSTOCK RD INMAN, SC 29349-1849 FAC.#:864-472-9055 STANTON, NAKHYA L PH#: 864-246-7563 Facility Email: Not on File	Spartanburg / Ltd. Liability 63 BLACKSTOCK RD INMAN, SC 29349-1849 THI OF SOUTH CAROLINA AT MAGNOLIA MANOR-INMAN LLC NCF-0863 / 08/31/2014	176
Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
MAGNOLIA MANOR-SPARTANBURG 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 FAC.#:864-585-0218 KISER, JESSICA WHITTEN PH#: 864-585-0218 Facility Email: DAVID.HARPER@FUNDLTC.COM	Spartanburg / Ltd. Liability 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 THI OF SOUTH CAROLINA AT SPARTANBURG LLC NCF-0867 / 08/31/2014	95
Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
MAGNOLIA PLACE AT SPARTANBURG 8020 WHITE AVE SPARTANBURG, SC 29303-2099 FAC.#:864-542-8515 HARRIS, PATRICIA A PH#: 864-542-8515 Facility Email: PATRICIA.HARRIS@FUNDLTC.COM	Spartanburg / Ltd. Liability 8020 WHITE AVE SPARTANBURG, SC 29303-2099 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT SPARTANBURG LLC NCF-0861 / 08/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
MOUNTAINVIEW NURSING HOME 340 CEDAR SPRINGS RD SPARTANBURG, SC 29302-4697 FAC.#:864-582-4175 DILLARD, WILSON K PH#: 864-582-4175 Facility Email: WDILLARD@MOUNTAINVIEWNH.COM	Spartanburg / Corporation 340 CEDAR SPRINGS RD SPARTANBURG, SC 29302-4697 COMMUNITY SERVICES FOR THE AGING INC NCF-0149 / 06/30/2015	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Spartanburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ROSECREST REHABILITATION AND HEALTHCARE 200 FORTRESS DR INMAN, SC 29349-9160 FAC.#:864-599-8600 CLEMENTS, JAMES A PH#: 000-000-0000 Facility Email: JCLEMENTS@ROSECREST.ORG	Spartanburg / Non-Profit Corporation 200 FORTRESS DR INMAN, SC 29349-9160 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0817 / 04/30/2015	75
Licensed Beds: Nursing Home: 75 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0 Certifications:None		
SPARTANBURG HOSPITAL FOR RESTORATIVE CARE SNF 389 SERPENTINE DR SPARTANBURG, SC 29303-3074 FAC.#:864-560-3232 STIMAC, PATRICIA M PH#: 864-560-3232 Facility Email: PSTIMAC@SRHS.COM	Spartanburg / District 389 SERPENTINE DR SPARTANBURG, SC 29303-3074 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC NCF-0915 / 02/28/2015	25
Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
SUMMIT HILLS SKILLED NURSING FACILITY 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 FAC.#:864-591-2222 BAXLEY, TIFFNI PH#: 864-232-2442 Facility Email: AGOODWIN@SUMMIT-HILLS.COM	Spartanburg / Ltd. Liability 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 SUMMIT HILLS LLC NCF-0950 / 03/31/2015	33
Licensed Beds: Nursing Home: 27 Institutional Nursing Home: 6 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
VALLEY FALLS TERRACE 400 LOCUST GRV SPARTANBURG, SC 29303-4831 FAC.#:864-503-0377 TUCKER, CHARLES R PH#: TUCKEROLEDAN@YAHOO.COM Facility Email: TUCKEROLEDAN@YAHOO.COM	Spartanburg / Corporation 400 LOCUST GRV SPARTANBURG, SC 29303-4831 VALLEY FALLS TERRACE INC NCF-0495 / 08/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Spartanburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WHITE OAK ESTATES 400 WEBBER RD SPARTANBURG, SC 29307-2400 FAC.#:864-579-7004 GIBBS, TAMMY L PH#: 803-684-0035 Facility Email: TGIBBS@WHITEOAKMANOR.COM	Spartanburg / Corporation 400 WEBBER RD SPARTANBURG, SC 29307-2400 WHITE OAK ESTATES INC NCF-0888 / 12/31/2014	88

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR SPARTANBURG 295 E PEARL ST SPARTANBURG, SC 29303-3666 FAC.#:864-585-0241 NELSON, ANDREW R PH#: 864-573-0106 Facility Email: RNELSON@WHITEOAKMANOR.COM	Spartanburg / Corporation PO BOX 4887 SPARTANBURG, SC 29305-4887 WHITE OAK MANOR SPARTANBURG INC NCF-0889 / 12/31/2014	192
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Licensed Beds: Nursing Home: 192 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WOODRUFF MANOR 1114 E GEORGIA RD WOODRUFF, SC 29388-9350 FAC.#:864-476-7092 BARRY RN, KRISTEN SHILOY PH#: Facility Email: ADMINISTRATOR@WOODRUFFMANOR.COM	Spartanburg / Ltd. Liability 1114 E GEORGIA RD WOODRUFF, SC 29388-9350 WOODRUFF MANOR LLC NCF-0823 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 15 Number Licensed Units: 1,296

Number of Activities/Facilities licensed in county of	<u>Spartanburg</u>	# Lics: <u>15</u>
	Number Licensed Units :	<u>1,296</u>

County: Sumter

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
COVENANT PLACE NURSING CENTER 2825 CARTER RD SUMTER, SC 29150-1712 FAC.#:803-469-7007 LINDER SR, RISLEY E PH#: 803-469-7007 Facility Email: RLINDER@COVENANTPLACE.ORG	Sumter / Non-Profit Corporation 2825 CARTER RD OFC SUMTER, SC 29150-1736 COVENANT PLACE OF SUMTER (INC) NCF-0632 / 05/31/2015	44

Licensed Beds: Nursing Home: 28 Institutional Nursing Home: 16

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

NHC HEALTHCARE SUMTER 1018 N GUIGNARD DR SUMTER, SC 29150-2423 FAC.#:803-773-5567 CROTTS, JEANIE S PH#: 803-773-5567 Facility Email: JCROTTS@NHCSUMTER.COM	Sumter / Corporation PO BOX 1524 SUMTER, SC 29151-1524 NATIONAL HEALTH CORPORATION NCF-0471 / 01/31/2015	138
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Licensed Beds: Nursing Home: 138 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SUMTER EAST HEALTH AND REHABILITATION CENTER 880 CAROLINA AVE SUMTER, SC 29150-2815 FAC.#:803-775-5394 GAITHER, KATHY PH#: 803-775-5394 Facility Email: BDKNEELAND@SAVASC.COM	Sumter / Ltd. Liability 880 CAROLINA AVE SUMTER, SC 29150-2815 SSC SUMTER EAST OPERATING COMPANY LLC NCF-0919 / 09/30/2014	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SUMTER VALLEY NURSING AND REHAB CENTER 1761 PINWOOD RD SUMTER, SC 29154-9056 FAC.#:803-481-8591 MCCOLLUM, JAMES M PH#: 803-481-8591 Facility Email: ADMIN@SUMTERVALLEYLTC.COM	Sumter / Limited Liability SUMTER N&R LLC NCF-0745 / 12/31/2014	96
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Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Sumter

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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TUOMEY SUBACUTE SKILLED CARE PROGRAM	Sumter / Non-Profit Corporation	18
129 N WASHINGTON ST	129 N WASHINGTON ST	
SUMTER, SC 29150-4983 FAC.#:803-774-9000	SUMTER, SC 29150-4983	
CARLTON, TERESA M PH#: 803-774-9000	TUOMEY (NPC)	
Facility Email: TERRIE.CARLTON@TUOMEY.COM	NCF-0698 / 02/28/2015	

Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 5 Number Licensed Units: 472

Number of Activities/Facilities licensed in county of	<u>Sumter</u>	# Lics: <u>5</u>
	Number Licensed Units :	<u>472</u>

County: Union

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ELLEN SAGAR NURSING HOME 1817 JONESVILLE HWY UNION, SC 29379-9793 FAC. #: 864-301-3500 BARBER, JEFF B PH#: 000-000-0000 Facility Email: ESNHADMINISTRATION@BELLSOUTH.NET	Union / District 1817 JONESVILLE HWY UNION, SC 29379-9793 UNION HOSPITAL DISTRICT NCF-0217 / 11/30/2014	113

Licensed Beds: Nursing Home: 113 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

HEARTLAND HEALTH CARE CENTER-UNION 709 RICE AVE EXT UNION, SC 29379-9023 FAC. #: 864-427-0306 FREEMAN, PATRICIA A PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARE.COM	Union / Limited Liability 709 RICE AVE EXT UNION, SC 29379-9023 OAKMONT OF UNION SC LLC NCF-0443 / 12/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 201

Number of Activities/Facilities licensed in county of <u>Union</u>	# Lics: <u>2</u>
Number Licensed Units : <u>201</u>	

County: Williamsburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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KINGSTREE NURSING FACILITY	Williamsburg / Corporation	96
401 NELSON BLVD	401 NELSON BLVD	
KINGSTREE, SC 29556-4024 FAC.#:843-355-6116	KINGSTREE, SC 29556-4024	
SLAVINSKI, CANDICE J PH#: 843-355-6116	KINGSTREE NURSING FACILITY INC	
Facility Email: CSLOVINSKI@COOKE-ASSOCIATES.COM	NCF-0937 / 12/31/2014	

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 96

Number of Activities/Facilities licensed in county of	<u>Williamsburg</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>96</u>

County: York

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE REHABILITATION OF ROCK HILL 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FAC.#:803-329-6565 BRICE, ANTHONY B PH#: 000-000-0000 Facility Email: BBRICE@AGAPESENIOR.COM	York / Ltd. Liability 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 EBENEZER SENIOR SERVICES LLC NCF-0814 / 02/28/2015	99

Licensed Beds: Nursing Home: 99 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MAGNOLIA MANOR-ROCK HILL 127 MURRAH DR ROCK HILL, SC 29732-2390 FAC.#:803-328-6518 HENSCHER, THOMAS W PH#: 803-366-7133 Facility Email: THOMAS.HENSCHER@FUNDLTC.COM	York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732-2390 THI OF SOUTH CAROLINA AT ROCK HILL LLC NCF-0859 / 08/31/2014	106
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Licensed Beds: Nursing Home: 106 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

UNIHEALTH POST ACUTE CARE-ROCK HILL 261 S HERLONG AVE ROCK HILL, SC 29732-1159 FAC.#:803-366-7133 JOHNSON, KATE P PH#: 000-000-0000 Facility Email: KATEJOHNSON@UHS-PRUITT.COM	York / Limited Liability 261 S HERLONG AVE ROCK HILL, SC 29732-1159 UNIHEALTH POST ACUTE CARE-ROCK HILL LLC NCF-0947 / 01/31/2015	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WESTMINSTER HEALTH AND REHABILITATION CENTER 831 MCDOW DR ROCK HILL, SC 29732-2415 FAC.#:803-326-3100 STAMPER, AMANDA L PH#: 803-328-5000 Facility Email: MSTAMPER@WESTMINSTERTOWERS.ORG	York / Non-Profit Corporation 831 MCDOW DR ROCK HILL, SC 29732-2415 WESTMINSTER PRESBYTERIAN CENTER INC NCF-0819 / 08/31/2014	66
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Licensed Beds: Nursing Home: 66 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: York

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WHITE OAK MANOR YORK 111 S CONGRESS ST YORK, SC 29745-1836 FAC.#:803-684-0035 LAMBERT, MICHELLE PH#: Facility Email: MLAMBERT@WHITEOAKMANOR.COM	York / Corporation PO BOX 629 YORK, SC 29745-0629 WHITE OAK MANOR YORK INC NCF-0887 / 12/31/2014	109

Licensed Beds: Nursing Home: 109 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK OF ROCK HILL 1915 EBENEZER RD ROCK HILL, SC 29732-1097 FAC.#:803-366-8155 ALEXANDER, JANE G PH#: 803-366-8155 Facility Email: JALEXANDER@WHITEOAKMANOR.COM	York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732-1097 WHITE OAK MANOR ROCK HILL INC NCF-0885 / 12/31/2014	141
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Licensed Beds: Nursing Home: 141 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WILLOW BROOKE COURT AT PARK POINTE VILLAGE 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 FAC.#:803-980-8621 DESMARATTES, MARIE J PH#: 803-980-8623 Facility Email: JPETTY@ACTSLIFE.ORG	York / Non-Profit Corporation 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 PARK POINTE VILLAGE INC NCF-0916 / 07/31/2014	40
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Licensed Beds: Nursing Home: 40 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 7 Number Licensed Units: 693

Number of Activities/Facilities licensed in county of	<u>York</u>	# Lics: <u>7</u>
	Number Licensed Units :	<u>693</u>

Report Totals:

Total Number of Activities/Facilities licensed 196 Total Number Licensed Units: 20,250